

**Volenski, Dina**

022819 Emma2

**From:** Cantelme, Steve <cantelmes@sacoes.org>  
**Sent:** Thursday, February 28, 2019 10:10 AM  
**To:** 'cdunsmoor@buttecounty.net'  
**Cc:** Cantelme, Steve  
**Subject:** City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018  
**Attachments:** 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf; 20190211122024271.pdf; Daniel Bowers.vcf

Hi Cindi,

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.

**Daniel Bowers**

City of Sacramento  
OES Director

916-808-1833 Work  
~1 (530) 941-0944 Mobile  
DBowers@cityofsacramento.org

Thank you,

Steve

**Stephen Cantelme**

Chief

Sacramento OES

(916) 806-6596

[cantelmes@sacoes.org](mailto:cantelmes@sacoes.org)



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O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE 1 OF 3

APPLICANT

APPLICANT City of Sacramento

PAID NO.

PROJECT NO.

## DISASTER

1

LOCATION/SITE

LOCATION/SITE	Field Series
Rich for	

CATEGORY
----------

PERIOD COVERING

[illegible]

DESCRIPTION OF WORK PERFORMED	DATE	TIME	LOCATION	STATUS
Manage Field Service Drops				STPS, EVACS

8/21/18 to 8/21/18

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

4735 80

TOTAL CDST FOR FORCE ACCOUNT LABOR OVERTIME



I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

CERTIFIED

2000

CHIEF AG

1

7-77-19

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE

OF

2 OF 3

APPLICANT

PA ID NO.

PROJECT NO.

DISASTER

Camp fire

LOCATION/SITE

City of Sacramento, Sacramento

CATEGORY

PERIOD COVERING

11/27/18 to 12/12/18

DESCRIPTION OF WORK PERFORMED

Field Services Management

NAME

JACE HUGGINS

JOB TITLE

Chief ACO

NAME

JOB TITLE

NAME

JOB TITLE

NAME

JOB TITLE

NAME

JOB TITLE

DATES AND HOURS WORKED EACH WEEK

COSTS

Daily

TOTAL  
HOURLY  
RATE

BENEFIT  
RATE/HR

HOURLY  
RATE

TOTAL  
HOURS

DATE

12/3

12/4

12/5

12/6

12/7

12/8

12/9

12/10

12/11

12/12

56

53

182

565.23

3956.50

0

0

0

0

0

0

0

0

0

0

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

TITLE

DATE

**O.M.B. No. 1660-0017**  
**Expires December 31, 2011**

PAGE 3 OF 3

PAID NO.

City of Sacramento Sacramento

PROJECT NO.

## DISASTER

Camp fire

SITE: Richford

CATEGORY	NUMBER OF STUDENTS	PERCENTAGE OF STUDENTS
1. <i>General</i>	10	100%
2. <i>Specific</i>	10	100%
3. <i>General</i>	10	100%
4. <i>Specific</i>	10	100%
5. <i>General</i>	10	100%
6. <i>Specific</i>	10	100%
7. <i>General</i>	10	100%
8. <i>Specific</i>	10	100%
9. <i>General</i>	10	100%
10. <i>Specific</i>	10	100%
11. <i>General</i>	10	100%
12. <i>Specific</i>	10	100%
13. <i>General</i>	10	100%
14. <i>Specific</i>	10	100%
15. <i>General</i>	10	100%
16. <i>Specific</i>	10	100%
17. <i>General</i>	10	100%
18. <i>Specific</i>	10	100%
19. <i>General</i>	10	100%
20. <i>Specific</i>	10	100%
21. <i>General</i>	10	100%
22. <i>Specific</i>	10	100%
23. <i>General</i>	10	100%
24. <i>Specific</i>	10	100%
25. <i>General</i>	10	100%
26. <i>Specific</i>	10	100%
27. <i>General</i>	10	100%
28. <i>Specific</i>	10	100%
29. <i>General</i>	10	100%
30. <i>Specific</i>	10	100%
31. <i>General</i>	10	100%
32. <i>Specific</i>	10	100%
33. <i>General</i>	10	100%
34. <i>Specific</i>	10	100%
35. <i>General</i>	10	100%
36. <i>Specific</i>	10	100%
37. <i>General</i>	10	100%
38. <i>Specific</i>	10	100%
39. <i>General</i>	10	100%
40. <i>Specific</i>	10	100%
41. <i>General</i>	10	100%
42. <i>Specific</i>	10	100%
43. <i>General</i>	10	100%
44. <i>Specific</i>	10	100%
45. <i>General</i>	10	100%
46. <i>Specific</i>	10	100%
47. <i>General</i>	10	100%
48. <i>Specific</i>	10	100%
49. <i>General</i>	10	100%
50. <i>Specific</i>	10	100%
51. <i>General</i>	10	100%
52. <i>Specific</i>	10	100%
53. <i>General</i>	10	100%
54. <i>Specific</i>	10	100%
55. <i>General</i>	10	100%
56. <i>Specific</i>	10	100%
57. <i>General</i>	10	100%
58. <i>Specific</i>	10	100%
59. <i>General</i>	10	100%
60. <i>Specific</i>	10	100%
61. <i>General</i>	10	100%
62. <i>Specific</i>	10	100%
63. <i>General</i>	10	100%
64. <i>Specific</i>	10	100%
65. <i>General</i>	10	100%
66. <i>Specific</i>	10	100%
67. <i>General</i>	10	100%
68. <i>Specific</i>	10	100%
69. <i>General</i>	10	100%
70. <i>Specific</i>	10	100%
71. <i>General</i>	10	100%
72. <i>Specific</i>	10	100%
73. <i>General</i>	10	100%
74. <i>Specific</i>	10	100%
75. <i>General</i>	10	100%
76. <i>Specific</i>	10	100%
77. <i>General</i>	10	100%
78. <i>Specific</i>	10	100%
79. <i>General</i>	10	100%
80. <i>Specific</i>	10	100%
81. <i>General</i>	10	100%
82. <i>Specific</i>	10	100%
83. <i>General</i>	10	100%
84. <i>Specific</i>	10	100%
85. <i>General</i>	10	100%
86. <i>Specific</i>	10	100%
87. <i>General</i>	10	100%
88. <i>Specific</i>	10	100%
89. <i>General</i>	10	100%
90. <i>Specific</i>	10	100%
91. <i>General</i>	10	100%
92. <i>Specific</i>	10	100%
93. <i>General</i>	10	100%
94. <i>Specific</i>	10	100%
95. <i>General</i>	10	100%
96. <i>Specific</i>	10	100%
97. <i>General</i>	10	100%
98. <i>Specific</i>	10	100%
99. <i>General</i>	10	100%
100. <i>Specific</i>	10	100%

PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

Filed Server Management

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
JOB TITLE	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
Jane Higgins Chief ACO	REG.	12/11	12/12					16			565.20	1130.40
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

\$130.40

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME



I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

## ETIL

DATE	11/1/66	TITLE	Chief A-66
------	---------	-------	------------

DATE \_\_\_\_\_

8-27-19

FEMA Form 90-123, FEB 09

equal to fall  
\$ 9,321.80

**EMMA FORM 4 - EXIT SURVEY****EMMA System Evaluation**

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

**Assignment Information:****Incident Name:****Assignment Location** (EOC, Command Post, Field, etc.):**Position/Task:****Shift** (Day / Night):**Assignment Dates:****Number of Shifts** (In days, do not include travel):**A. Mobilization Process:**

- Alert Notification ☐ Excellent ☐ Good ☒ Poor
- Recruitment ☐ Excellent ☐ Good ☒ Poor
- Assignment Briefing ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

*Poorly org. & shared*

**B. Assignment Support:**

- Travel Arrangements ☐ Excellent ☐ Good ☒ Poor
- EOC In-processing ☐ Excellent ☐ Good ☒ Poor
- Deployment Support Kit ☐ Excellent ☐ Good ☒ Poor ☐ N/A
- SOPs/Forms ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

*There were no Arrangements or in-processing ~ or support kit ~ or SOPs*

**C. Demobilization Process:**

- EOC Out-processing ☐ Excellent ☐ Good ☒ Poor
- Personal Expense Reimbursement ☐ Excellent ☐ Good ☒ Poor *N/A*
- Post-Assignment Debriefing ☐ Excellent ☐ Good ☒ Poor
- Overall Experience ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

*No true instructions.*

**D. General Comments/Suggestions**

*Considering this is the third time I have had to fill out paperwork, I'd say organization suffered.*

*Poor comm throughout event*

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY

**O.M.B. No. 1660-0017**  
**Expires April 30, 2013**

PAGE OF

APPLICANT

City of Sacramento

PAID NO.

PROJECT NO.

## DISASTER

Comp Fee

LOCATION/SITE

2-15

PERIOD COVERING

11/21-12/14

DESCRIPTION OF WORK PERFORMED

Animal Control + Truvels  
Darryl  
field work for SIPS & EVACS

TYPE OF EQUIPMENT		EQUIPMENT COOE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY										COSTS		
INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE	OATE			11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21	TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
				HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS			
Ford F250 A/Co Truck	11670	J. Higgins / J. Sorens	10	10	10	10	10	10	10	10	10	10	70			
Ford F250 A/Co Truck	11987	K. Daylan	10	10	10	10							50			
Ford F250 A/Co Truck	11464	M. S. Linde		10	10	10	10	10	10	10	10	10	60			
Ford F250 A/Co Truck	11470	J. Reynaga		10									10			
Ford F250 A/Co Truck	11671	S. Colan / M. Colan	10		10	10	10	10	10	10	10	10	50			
GRAND TOTAL																

**I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.**

**CERTIFIED**

ACIE HUGGINS

TIT F

CHIEF

DATE Antipall antipall

2.27/9

FEMA Form 90-127, AUG 10





**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/23/18 2000</b>	3. Arrival Date/Time <b>11/21/18 0700</b>
4. Name of Released <b>Julian Raymundo</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # {RIMS Mission Tasking Number}	
9. Destination {Location Agreed Upon}		10. Notified: Agency { } Region { } Area { } Dispatch { } {check one, list information below}	
11. Cell Phone or Emergency Contact #		Name: Time: Date:	
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #:  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 544-5377

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Brian Rayner

Cell Phone:

Alt Phone: (916) 544-5377

Email: brayner@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes☐ No

Security Clearance (if applicable)?

☒ Yes☐ No

Equipment needed for deployment as specified above is available?

☒ Yes☐ No

Has been made aware of the expected working conditions?

☒ Yes☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment &amp; training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0006808

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0006808	Reynaga, Julian Armando	11/22/2018	HOL	0.00	30.02	0.00
21001421	0006808	Reynaga, Julian Armando	11/23/2018	HYE	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/25/2018	OVT	2.00	30.02	60.03
21001421	0006808	Reynaga, Julian Armando	11/29/2018	OVT	4.00	30.02	120.07
21001421	0006808	Reynaga, Julian Armando	11/21/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/26/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/27/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/28/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/2/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/3/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/4/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/5/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/9/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/10/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/11/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/12/2018	REG	8.00	30.02	240.13
Totals for Reynaga, Julian Armando					165.00		3,301.79
Totals for Department - Animal Enforcement/Field Ser					165.00		3,301.79

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1560-0017  
Expires December 31, 2011

PAGE

OF

APPLICANT

Sacramento City Animal Control

PA ID NO.

PROJECT NO.

DISASTER

Campfire

LOCATION/SITE

Paradise, CA / Butte County

CATEGORY

PERIOD COVERING

11/18/18 - 12/18/18

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
		DATE	11/21	11/23					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
NAME		REG.										
JOB TITLE		O.T.	11.5	10					21.5	45.43		968.15
NAME		REG.										
JOB TITLE		O.T.										
NAME		REG.										
JOB TITLE		O.T.										
NAME		REG.										
JOB TITLE		O.T.										
NAME		REG.										
JOB TITLE		O.T.										

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

\$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

\$968.15

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

William Frank

TITLE

Sr. Animal Control Officer

DATE

2/27/19

## ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/26/18 2000hrs</b>	3. Arrival Date/Time <b>11/23/18 7AM</b>
4. Name of Released <b>Ken Douglas</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
{X} Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field service

Incident Name: Camp fire

Request Date / Time: mult.

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5377

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ,

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Ken Douglas

Cell Phone:

Alt Phone: (916) 599-5377

Email: kdouglas@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

P.O.S.T.

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0001708

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0001708	Douglas, Kenneth G	11/21/2018	CTO	1.00	30.02	30.02
21001421	0001708	Douglas, Kenneth G	12/10/2018	CTO	2.00	30.02	60.03
21001421	0001708	Douglas, Kenneth G	12/14/2018	CTO	2.50	30.02	75.04
21001421	0001708	Douglas, Kenneth G	11/22/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/23/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/28/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/29/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/30/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/3/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/4/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/5/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/6/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/24/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/25/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/26/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	11/27/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	12/7/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/11/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/12/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/13/2018	REG	8.00	30.02	240.13
Totals for Douglas, Kenneth G					189.00		4,247.31
Totals for Department - Animal Enforcement/Field Ser					189.00		4,247.31

OVT Rate should be 1.5 x  
So, \$45.03/hr instead of \$30.02



DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_ OF \_\_\_\_

APPLICANT <b>Sacramento City Animal Control</b>	PA ID NO.	PROJECT NO.	DISASTER <b>Campfire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/23	11/24	11/25	11/26			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME <b>Kenneth Douglas</b>	REG.									
JOB TITLE <b>Animal Control Officer II</b>	O.T.	12	12	12	12			48	45.03	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FDRCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL CDST FOR FORCE ACCOUNT LABOR OVERTIME	\$ 2161.44

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED 	TITLE <b>Dr. Arnold Castro Officer</b>	DATE <b>2/27/19</b>
--	---	------------------------



**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/25/18 2100</b>	3. Arrival Date/Time <b>11/27/18 0700</b>
4. Name of Released <b>MAREK SLIWA</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Service

Incident Name: Camp Run

Request Date / Time: Multiple 1

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5577

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ,

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Mark SLIWA

Cell Phone:

Alt Phone: (916) 599-5577

Email: @cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0003864

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0003864	Sliva, Marek	11/23/2018	CTO	2.00	30.02	60.03
21001421	0003864	Sliva, Marek	12/14/2018	CTO	1.00	30.02	30.02
21001421	0003864	Sliva, Marek	11/22/2018	HOL	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/21/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/24/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/27/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/28/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/29/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/1/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/5/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/6/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/7/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/8/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/12/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	12/13/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliva, Marek	11/25/2018	CTOT	2.00	30.02	60.03
Totals for Sliva, Marek					208.00		3,271.78
Totals for Department - Animal Enforcement/Field Ser					208.00		3,271.78

OVT Rate should be 1.5x



## ACTIVITY LOG (ICS 214)

1. Incident Name: Campfire		2. Operational Period:		Date From: 11/25 Time From: HHMM	Date To: 11/25 Time To: HHMM
3. Name: Sean Coran		4. ICS Position: Animal Control officer		5. Home Agency (and Unit): City of Sacramento Animal Center	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		Responded to Field services requests for evacuation or shelter in place of animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.			
11/25/18		0800 Richter Briefing - get calls			
		Handle SIPS, emails & assignments			
		1700 Return to Richter for Debriefing			
		Complete notes			
		2000 return home			
8. Prepared by: Name: C Fensch      Position/Title: Sr. Animal Control Officer      Signature: [Signature]      Date/Time: 2/27/19					

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/25/18 8pm</b>	3. Arrival Date/Time <b>11/25/18 7am</b>
4. Name of Released <b>Sean COLAN</b>		5. Position of Released <b>Animal Control Officer</b>	
{Returning via Airline Name & Flight Number, POV...}			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N		
{ } Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (Include Date and Time) <b>J. Huggins 2-27</b>			



**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp Fire

Request Date / Time: multiple dates

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5377

Alt Phone: ( ) - ( ) - ( )

Fax: ( ) - ( ) - ( ) E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ( ) - ( )

Alt Phone: ( ) - ( ) - ( )

Fax: ( ) - ( ) - ( ) E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: SEAN COLAN

Cell Phone:

Alt Phone: (916) 544-5377

Email: scolan@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes ☐ No

Security Clearance (if applicable)?

☒ Yes ☐ No

Equipment needed for deployment as specified above is available?

☒ Yes ☐ No

Has been made aware of the expected working conditions?

☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) - ( ) - ( )

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0020082

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020082	Colan, Sean	11/27/2018	CTO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/22/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/23/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/21/2018	OVT	4.50	22.33	100.49
21001421	0020082	Colan, Sean	11/24/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/25/2018	OVT	10.00	22.33	223.32
21001421	0020082	Colan, Sean	11/28/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/29/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/30/2018	OVT	2.50	22.33	55.83
21001421	0020082	Colan, Sean	12/1/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/4/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/5/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/6/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/7/2018	OVT	1.25	22.33	27.92
21001421	0020082	Colan, Sean	12/8/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/11/2018	OVT	4.75	22.33	106.08
21001421	0020082	Colan, Sean	12/12/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/13/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/14/2018	OVT	2.87	22.33	64.09
Totals for Colan, Sean					198.37		1,080.20
Totals for Department - Animal Enforcement/Field Ser					198.37		1,080.20

\* OVT Rate should be 15x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1600-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>Sacramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADA at that time. Specific start-end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
		DATE	REG.	O.T.					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
JOB TITLE	NAME											
	<u>Sean Colan</u>	<u>11/25/18</u>										
	<u>Animal Control Officer</u>											
JOB TITLE	NAME											
		<u>10</u>							<u>10</u>	<u>22.33</u>		
												<u>\$334.95</u>
JOB TITLE	NAME											
JOB TITLE	NAME											
JOB TITLE	NAME											
JOB TITLE	NAME											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME \$ \_\_\_\_\_

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME \$ 334.95

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
-----------	-------	------

Emergency Management Mutual Aid Plan

# EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Aid Services

Incident Name: Campfire

Request Date / Time: multiple

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

## PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 544-5377

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ,

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

## Potential EMMA Resource Information:

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Johnson Tran

Cell Phone:

Alt Phone: (916) 544-5377

Email: JHtran@cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No

Security Clearance (if applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No

Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

P.O.S.T

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0020506

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020506	Tran,Johnson	12/6/2018	CTO	5.00	31.41	157.04
21001421	0020506	Tran,Johnson	12/8/2018	CTO	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/22/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/23/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/21/2018	OVS	0.50	31.41	15.70
21001421	0020506	Tran,Johnson	11/24/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/27/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/28/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/29/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	11/30/2018	REG	8.00	31.41	251.27
21001421	0020508	Tran,Johnson	12/1/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/11/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/12/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/13/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/14/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/7/2018	HEUAM	8.00	31.41	251.27
21001421	0020506	Tran,Johnson	12/5/2018	HYAAM	4.00	31.41	125.63
21001421	0020506	Tran,Johnson	12/4/2018	PT5AM	8.00	31.41	251.27
Totals for Tran,Johnson					162.00		4,067.37
Totals for Department - Animal Enforcement/Field Ser					162.00		4,067.37

\* OUT Rate Should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1680-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <b>Sacramento City Animal Control</b>	PAID NO.	PROJECT NO.	DISASTER <b>Campfire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK								COSTS				
JOB TITLE		DATE	11/27/18	11/28/18						TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME Johnson Tran		REG.												
JOB TITLE Senior Animal Control off.		O.T.	13	13						26	\$31.41			\$1,224.99
NAME		REG.												
JOB TITLE		O.T.												
NAME		REG.												
JOB TITLE		O.T.												
NAME		REG.												
JOB TITLE		O.T.												
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME										\$				
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME										\$ 1,224.99				

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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## 11/30

ICS 214, Page 1

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>	2. Date/Time (Of Release Notification) <b>11/30/18 1800</b>	3. Arrival Date/Time <b>11/23/18 0700</b>
4. Name of Released <b>Clinton Ramirez</b>	5. Position of Released <b>Animal Control Officer</b>	

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type **N/A**

7. Actual Release Date/Time

8. MRT #

{RIMS Mission Tasking Number}

9. Destination (Location Agreed Upon)

10. Notified: Agency { } Region { } Area { } Dispatch { }  
(check one, list information below)

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction)

**SAC OES / Cindy Machado**

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

**Logistics Section****Comment and Sign Off**

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N

EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

☒ Ground Support Unit**field support ICS****Plans/Intel Section****Comment and Sign Off**

{ } Documentation Unit

**Finance/Admin Section****Comment and Sign Off**

{ } Time Unit

**Other****Comment and Sign Off**

{ }

{ }

14. Remarks

**No one was actually doing Demob paperwork**

15. Prepared by (include Date and Time)

**J. Huggins 2-27**



**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field

**Incident Name:** Camp fire services

**Request Date / Time:** multiple 1

**Approved RIMS Mission #:**

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** City of Sacramento

**24 Hour Phone Number:** (916) 599-5577

**EMMA Coordinator / PRIMARY Point of Contact Name:** JACE HUGGINS

**Position / Title:** CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 599-5577

**Alt Phone:** ( ) - ,

**Fax:** ( ) - **E-Mail:** Jhuggins@cityofsacramento.org

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) - ,

**Alt Phone:** ( ) - ,

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** Clinton Ramirez

**Cell Phone:**

**Alt Phone:** (916) 599-5577

**Email:** clramirez@cityofsacramento.org

**Available for the period specified above?**

☒ Yes ☐ No

**Able to perform the tasks described above?**

☒ Yes

☐ No

**Security Clearance (if applicable)?**

☒ Yes

☐ No

**Equipment needed for deployment as specified above is available?**

☒ Yes

☐ No

**Has been made aware of the expected working conditions?**

☒ Yes

☐ No

**Experience / EOC Position Credentials:**

Current ACO w/ equipment & training

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0020271

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020271	Ramirez, Clinton	11/22/2018	HOL	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	11/23/2018	OVT	13.00	22.88	297.40
21001421	0020271	Ramirez, Clinton	11/26/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/27/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	11/28/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/29/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/30/2018	OVT	9.00	22.88	205.89
21001421	0020271	Ramirez, Clinton	12/3/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/10/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	12/11/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/12/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/13/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/25/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/2/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/4/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/5/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/6/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/9/2018	REG	8.00	22.88	183.01
Totals for Ramirez, Clinton					171.00		2,173.29
Totals for Department - Animal Enforcement/Field Ser					171.00		2,173.29

\* OVT rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>SACramento City Animal Control</u>	PAID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADA at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS			
		DATE	11/23/18	11/30/18					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
NAME		REG.										
JOB TITLE		O.T.	13	9				22	22.88			\$755.04
NAME		REG.										
JOB TITLE		O.T.										
NAME		REG.										
JOB TITLE		O.T.										
NAME		REG.										
JOB TITLE		O.T.										
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME												\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME												\$755.04

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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## ACTIVITY LOG (ICS 214)

1. Incident Name: <b>Camp Fire</b>		2. Operational Period:	Date From: <b>11/30</b> Time From: <b>HHMM</b>	Date To: <b>12/2</b> Time To: <b>HHMM</b>
3. Name: <b>Naomi-Beth McCall</b>		4. ICS Position: <b>Animal Control officer</b>		5. Home Agency (and Unit): <b>City of Sacramento Animal Control</b>
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
7. Activity Log:				
Date/Time		Notable Activities		
		Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no longer available.		
11/30/18 to 12/2/18		each day same		
		0800 Richter Briefing & receive SIPS & Assignments		
		1800 return to Richter to debrief & complete and paperwork		
		2000 end Shift		
8. Prepared by: Name: <b>C Fensch</b> Position/Title: <b>Sr. Animal Control Officer</b> Signature: <i>[Signature]</i>				
ICS 214, Page 1		Date/Time: Date <b>2/27/19</b>		

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>12/2/18 1800</b>	3. Arrival Date/Time <b>11/30/18 0700</b>
4. Name of Released <b>Naomi McClure</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #		Time:	
		Date:	
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>Field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name: *Animal field service*Request Date / Time: *multiple*

Approved RIMS Mission #:  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**Providing Jurisdiction Name: *City of Sacramento*24 Hour Phone Number: *(916) 559-5577*EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*Position / Title: *CHIEF ANIMAL CONTROL OFFICER* Phone: *(916) 559-5577*

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ,

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*  
Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *NAOMI MCCALL*

Cell Phone:

Alt Phone: *(916) 559-5577*Email: *@cityofsacramento.org*

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes☐ No

Security Clearance (if applicable)?

☒ Yes☐ No

Equipment needed for deployment as specified above is available?

☒ Yes☐ No

Has been made aware of the expected working conditions?

☒ Yes☐ No

Experience / EOC Position Credentials:

*Current ACO w/ equipment & training*

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) - ( ) - ,

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0020933

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020933	McCall, Naomi-Beth	11/24/2018	CTO	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/8/2018	OVT	16.00	24.05	384.79
21001421	0020933	McCall, Naomi-Beth	12/9/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/12/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/13/2018	OVT	0.70	24.05	16.83
21001421	0020933	McCall, Naomi-Beth	11/21/2018	REG	10.00	24.05	240.49
21001421	0020933	McCall, Naomi-Beth	11/27/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/28/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/29/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/30/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/2/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/3/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/4/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/5/2018	REG	8.83	24.05	164.26
21001421	0020933	McCall, Naomi-Beth	12/6/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/10/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/11/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/1/2018	CTOT	7.50	24.05	180.37
Totals for McCall, Naomi-Beth					201.78		3,199.27

Totals for Department - Animal  
Enforcement/Field Ser

201.78

3,199.27

\* OVT Rate should be 1.5X

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1680-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>SACramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filled out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS				
JOB TITLE		DATE	11/30/18	12/1/18	12/2/18				TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME Naomi-Beth McCall		REG.											
JOB TITLE Animal Control Officer		O.T.	15	15	8				38	\$29.05			\$1,371.99
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		D.T.											
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME													\$1,371.99
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME													\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

*Animal Field Services*

**Incident Name:** *Camp Fire*

**Request Date / Time:** *multiple*

**Approved RIMS Mission #:**

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** *City of Sacramento*

**24 Hour Phone Number:** *(916) 599-5577*

**EMMA Coordinator / PRIMARY Point of Contact Name:** *JACE HUGGINS*

**Position / Title:** *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5577*

**Alt Phone:** ( ) - ( ) - ( )

**Fax:** ( ) - ( ) **E-Mail:** *Jhuggins@cityofsacramento.org*

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) - ( ) - ( )

**Alt Phone:** ( ) - ( ) - ( )

**Fax:** ( ) - ( ) **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*  
Print Name and Title

*[Signature]*  
Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** *Allison Nielson*

**Cell Phone:** *(916) 584-4858* **Alt Phone:** *(916) 544-5377*

**Email:** *Anielson@cityofsacramento.org*

**Available for the period specified above?** ☒ Yes ☐ No

**Able to perform the tasks described above?** ☒ Yes ☐ No

**Security Clearance (If applicable)?** ☒ Yes ☐ No

**Equipment needed for deployment as specified above is available?** ☒ Yes ☐ No

**Has been made aware of the expected working conditions?** ☒ Yes ☐ No

**Experience / EOC Position Credentials:**

*Current ACO w/ equipment & training*

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0017125

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017125	Nielson, Allison	11/22/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/23/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/21/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/26/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/27/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/28/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/29/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/30/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/10/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/11/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/12/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/13/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/14/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/3/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/4/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/5/2018	HEUAM	2.67	41.23	110.09
21001431	0017125	Nielson, Allison	12/6/2018	VACAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/7/2018	VACAM	8.00	41.23	329.87
Totals for Nielson, Allison					144.00		5,750.80

Totals for Department - Animal  
Care/Shelter

144.00	5,750.80
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DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT

Sacramento City Animal Control

PA ID NO.

PROJECT NO.

DISASTER

Campfire

LOCATION/SITE

Paradise, CA / Butte County

CATEGORY

PERIOD COVERING

11/18/18 - 12/18/18

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS				
JOB TITLE		DATE	11/21/18						TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME Allison Nielson		REG.											
JOB TITLE Kernel Manager		O.T.	14						14	\$41.23			\$865.83
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME													\$ 865.83
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME													\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

TITLE

DATE

## ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

**Incident Name:** *Animal Field Services*

**Request Date / Time:** *multiple*

**Approved RIMS Mission #:**

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** *City of Sacramento*

**24 Hour Phone Number:** *(916) 599-5577*

**EMMA Coordinator / PRIMARY Point of Contact Name:** *JACIE HUGGINS*

**Position / Title:** *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5577*

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:** *Jhuggins@cityofsacramento.org*

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) - ( )

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACIE HUGGINS CHIEF ANIMAL CONTROL OFFICER*

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** *CALYAN SONES*

**Cell Phone:**

**Alt Phone:** *(916) 599-5577*

**Email:** *@cityofsacramento.org*

**Available for the period specified above?**

☒ Yes ☐ No

**Able to perform the tasks described above?**

☒ Yes

☐ No

**Security Clearance (if applicable)?**

☒ Yes

☐ No

**Equipment needed for deployment as specified above is available?**

☒ Yes

☐ No

**Has been made aware of the expected working conditions?**

☒ Yes

☐ No

**Experience / EOC Position Credentials:**

*Current ACO w/ equipment & training*

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

**Additional Comments:**

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

**Incident Name:**

**Assignment Location** (EOC, Command Post, Field, etc.):

**Position/Task:**

**Shift** (Day / Night):

**Assignment Dates:**

**Number of Shifts** (In days, do not include travel):

#### **A. Mobilization Process:**

- |  |                                    |                               |  |
|--|------------------------------------|-------------------------------|--|
| • Alert Notification                                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Recruitment  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Assignment Briefing                                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Comments (Attach an additional page if necessary): |                                    |                               |  |

#### **B. Assignment Support:**

- |  |                                    |  |  |                              |
|--|------------------------------------|--|--|------------------------------|
| • Travel Arrangements                                | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor            | <input type="checkbox"/> N/A |
| • EOC In-processing                                  | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor            |                              |
| • Deployment Support Kit                             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |                              |
| • SOPs/Forms   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |                              |
| • Comments (Attach an additional page if necessary): |                                    |  |  |                              |

#### **C. Demobilization Process:**

- |  |   |  |  |
|--|---|--|--|
| • EOC Out-processing                                 | <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Personal Expense Reimbursement                     | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Poor            |
| • Post-Assignment Debriefing                         | <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Overall Experience                                 | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor            |
| • Comments (Attach an additional page if necessary): |   |  |  |

#### **D. General Comments/Suggestions**

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0018911

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0018911	Jones, Calyn	11/22/2018	HOL	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/23/2018	HYE	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/21/2018	OVS	6.00	30.64	183.85
21001421	0018911	Jones, Calyn	11/25/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	11/27/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	11/28/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/29/2018	OVS	9.00	30.64	275.78
21001421	0018911	Jones, Calyn	11/30/2018	OVS	17.00	30.64	520.92
21001421	0018911	Jones, Calyn	12/2/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/3/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/4/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/5/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/6/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/8/2018	OVS	2.00	30.64	61.28
21001421	0018911	Jones, Calyn	12/9/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/10/2018	OVS	1.50	30.64	45.96
21001421	0018911	Jones, Calyn	12/11/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/12/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/13/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/26/2018	REG	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	12/1/2018	SB9	1.00	30.64	30.64
Totals for Jones, Calyn					190.75		2,137.29
Totals for Department - Animal Enforcement/Field Ser					190.75		2,137.29

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <b>Sacramento City Animal Control</b>	PA ID NO.	PROJECT NO.	DISASTER <b>Campfire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/21	11/28	11/29				TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME <i>Adam Jones</i>	REG.									
JOB TITLE <i>Sr. Animal Control Officer</i>	O.T.	14	17	17				48	45.96	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME								\$		
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME								\$ 2206.08		

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>(Signature)</i>	TITLE <i>S. Arnold Control Officer</i>	DATE <i>2/27/19</i>
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## ACTIVITY LOG (ICS 214)

[illegible]

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>12/10/18 1800</b>	3. Arrival Date/Time <b>12/6/18 0700</b>
4. Name of Released <b>Brittany Ridge</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator		EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N	
{ } Supply Unit		EMMA Form 4 - Exit Survey Provided? Y N	
{ } Communications Unit			
{ } Facilities Unit			
{X} Ground Support Unit		<b>field support ICS</b>	
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal CARE

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #:  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5577

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ,

Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Brittany Ridge

Cell Phone: ( ) -

Alt Phone: (916) 544-5337

Email: bridge@cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes☐ No

Security Clearance (if applicable)?

☒ Yes☐ No

Equipment needed for deployment as specified above is available?

☒ Yes☐ No

Has been made aware of the expected working conditions?

☒ Yes☐ No

Experience / EOC Position Credentials:

Current Animal equipment &amp; training

Special Skills / Certifications / Licenses:

Large Animal experience

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) -

( ) -

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0017647

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017647	Ridge,Brittney	11/22/2018	HVE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	11/23/2018	HVE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	12/6/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/13/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/14/2018	OVT	5.00	18.81	94.04
21001431	0017647	Ridge,Brittney	11/21/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/25/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/26/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/27/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/28/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/2/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/3/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/4/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/5/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/9/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/10/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/11/2018	REG	10.00	18.81	188.07
21001431	0017847	Ridge,Brittney	12/12/2018	REG	10.00	18.81	188.07
Totals for Ridge,Brittney					176.00		3,216.03

Totals for Department - Animal  
Care/Shelter

176.00  
3,216.03

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1560-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>Sacramento City Animal Control</u>	PAIO NO.	PROJECT NO.	DISASTER <u>Camp Fire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	12/6	12/14					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
JOB TITLE										
NAME	REG.									
<u>Battley Ridge</u>										
JOB TITLE	O.T.	8/10	4					14	28.21	
NAME	REG.									
<u>Animal care technician</u>										
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME \$  
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME \$ 395.01

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>[Signature]</u>	TITLE <u>Sr. Animal Control Officer</u>	DATE <u>2/27/19</u>
---------------------------------	--	------------------------



**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/26/18 2000 hrs</b>	3. Arrival Date/Time <b>11/26/18 800</b>
4. Name of Released <b>Lisa Johnson</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / GINDY MACILHARD</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (Include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

**Incident Name:**

**Request Date / Time:** /

**Approved RIMS Mission #:**  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** City of SACRAMENTO

**24 Hour Phone Number:** (916) 544-5577

**EMMA Coordinator / PRIMARY Point of Contact Name:** JACE HUGGINS

**Position / Title:** CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5577

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:** Jhuggins@cityofsacramento.org

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) -

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** Lisa Johnson

**Cell Phone:** ( ) -

**Alt Phone:** (916) 544-5577

**Email:** LJohnson@cityofsacramento.org

**Available for the period specified above?** ☒ Yes ☐ No

**Able to perform the tasks described above?** ☒ Yes ☐ No

**Security Clearance (if applicable)?** ☒ Yes ☐ No

**Equipment needed for deployment as specified above is available?** ☒ Yes ☐ No

**Has been made aware of the expected working conditions?** ☒ Yes ☐ No

**Experience / EOC Position Credentials:**

Current Animal equipment & training & prior shelter mgr

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

( ) - ( ) -

**Additional Comments:**



# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0012430

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001431	0012430	Johnson, Lisa M.	11/22/2018	HYE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/23/2018	HYE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/30/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/7/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/13/2018	OVT	3.00	22.91	68.74
21001431	0012430	Johnson, Lisa M.	12/14/2018	OVT	2.00	22.91	45.83
21001431	0012430	Johnson, Lisa M.	11/25/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/26/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/27/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/2/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/3/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/4/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/5/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/9/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/10/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/11/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/12/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/21/2018	VACAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/28/2018	VACAM	10.00	22.91	229.15
Totals for Johnson, Lisa M.					189.00		3,735.10
Totals for Department - Animal Care/Sheker					169.00		3,735.10

OVT Rate should be 1.5x

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE OF

OF

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
SACramento City Animal Control			Camp Fire
LOCATION/SITE	PERIOD COVERING		
Paradise, CA / Butte County	11/18/18 - 12/18/18		

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled out in greater detail and submitted to NVADG at that time. Specific Stearns tend times are no longer available.

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

( CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CHERIE**

III

TITLE  
Sr. Animal Control Officer

DATE \_\_\_\_\_

DATE 6/27/19

## ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

*Animal field services*

Incident Name: *Camp fire*

Request Date / Time: *multiple*

Approved RIMS Mission #:  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* Phone: *(916) 599-5577* Alt Phone: ( ) - ,

Fax: ( ) - E-Mail: *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title: Phone: ( ) - , Alt Phone: ( ) - ,

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*  
Print Name and Title

*[Signature]*  
Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *John Sorrels* Cell Phone: ( ) - Alt Phone: *(916) 599-5577*  
Email: *jsorrels@cityofsacramento.org* Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No Security Clearance (if applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

*Current ACO w/ equipment & training*

Special Skills / Certifications / Licenses:

Emergency Contact Name: Relationship: Cell Phone: Alt Phone:  
( ) - ( ) - ,

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0006375

SaePy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001314	0006375	Sorrels, John Lee	11/22/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/23/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/26/2018	OVT	3.50	33.19	116.16
21001314	0006375	Sorrels, John Lee	11/27/2018	OVT	6.00	33.19	199.13
21001314	0006375	Sorrels, John Lee	11/28/2018	OVT	3.50	33.19	116.16
21001314	0008375	Sorrels, John Lee	11/29/2018	OVT	1.50	33.19	49.78
21001314	0006375	Sorrels, John Lee	11/30/2018	OVT	4.00	33.19	132.75
21001314	0006375	Sorrels, John Lee	11/21/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/3/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/4/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/5/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/6/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/7/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/10/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/11/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/12/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/13/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/14/2018	REG	8.00	33.19	265.50
Totals for Sorrels, John Lee					162.50		4,065.52

Totals for Department - Business  
Compliance

162.50	4,065.52
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OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <b>SACramento City Animal Control</b>	PAID NO.	PROJECT NO.	DISASTER <b>Camp Fire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/26	11/27	11/28	11/30			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
NAME <b>John Samuels</b>	REG.									
JOB TITLE <b>Code Enforcement officer</b>	O.T.	10	10	10	10			40	49.79	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$ 1991.4

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>[Signature]</i>	TITLE <b>Sr. Animal Control Officer</b>	DATE <b>2/27/19</b>
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## ACTIVITY LOG (ICS 214)

[illegible]

# EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number: Camp Fire	2. Date/Time (Of Release Notification) 11/21/2018 1830	3. Arrival Date/Time 11/21/2018 0700
---------------------------------------	---	---

4. Name of Released Allison Nielson	5. Position of Released Shelter Aide
--	---

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type: City vehicle

7. Actual Release Date/Time

11/21/2018 1830

8. MRT # Camp Fire

(RIMS Mission Tasking Number)

9. Destination (Location Agreed Upon)

EOC, then to Chico Airport Shelter

10. Notified: Agency { } Region { } Area { } Dispatch { }

{check one, list information below}

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction) City of Sacramento

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

Logistics Section

Comment and Sign Off

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N

EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

{ } Ground Support Unit

Plans/Intel Section

Comment and Sign Off

{ } Documentation Unit

Finance/Admin Section

Comment and Sign Off

{ } Time Unit

Other

Comment and Sign Off

{ }

{ }

14. Remarks

There was no official demobilization checkout procedure performed with me, I was just advised by Shelter Lead that I could leave

15. Prepared by (include Date and Time) Allison Nielson, 2/14/2019, 11SS



## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

**Incident Name:** Camp Fire

**Assignment Location** (EOC, Command Post, Field, etc.): Chico Airport

**Position/Task:** Shelter Aide

**Shift** (Day / Night): Day

**Assignment Dates:** 11/21/2018

**Number of Shifts** (In days, do not include travel): 1

#### **A. Mobilization Process:**

- Alert Notification ☐ Excellent ☐ Good ☒ Poor
- Recruitment ☐ Excellent ☐ Good ☒ Poor
- Assignment Briefing ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

#### **B. Assignment Support:**

- Travel Arrangements ☐ Excellent ☐ Good ☒ Poor
- EOC In-processing ☐ Excellent ☐ Good ☒ Poor
- Deployment Support Kit ☐ Excellent ☐ Good ☒ Poor
- SOPs/Forms ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

☐ N/A

#### **C. Demobilization Process:**

- EOC Out-processing ☐ Excellent ☐ Good ☒ Poor
- Personal Expense Reimbursement ☐ Excellent ☐ Good ☒ Poor
- Post-Assignment Debriefing ☐ Excellent ☐ Good ☒ Poor
- Overall Experience ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

#### **D. General Comments/Suggestions**

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utilized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <i>Paradise Camp fire</i>		2. Date/Time (Of Release Notification) <i>11/21 + 11/29-30</i>	3. Arrival Date/Time <i>0700</i>
4. Name of Released <i>Catalyn Jones</i>		5. Position of Released <i>Animal control officer</i>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <i>Drove City vehicle</i>			
7. Actual Release Date/Time <i>11/21, 1830 + 11/30, 1830 hr</i>		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon) <i>EOC → Chico Airport</i> <i>2800 Richter Field Services</i>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <i>City of Sacramento Animal Control</i>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? <input checked="" type="checkbox"/> Y N		
{ } Supply Unit			
{ } Communications Unit			
<input checked="" type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks <i>For Chico Airport on 11/21, I checked in at the EOC and was deployed to the airport to clean cat kennels and box / assist with transport. I did not receive instructions to do any official checks at prior to leaving.</i> <i>For field services, I checked in at 2800 Richter in the morning on 11/29 and when leaving on 11/30 in the evening, was checked at by Chief Jace Huggins and Dispatch unit.</i>			
15. Prepared by (Include Date and Time)			

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

Incident Name: *Campfire - Paradise*

Assignment Location (EOC, Command Post, Field, etc.): *Field + Chico Airport*

Position/Task: *Chico Airport - Vehicle cleaning + transport, Field → Field response*

Shift (Day / Night): *Day*

Assignment Dates: *11/21, and 11/29 - 11/30*

Number of Shifts (In days, do not include travel): *3*

#### A. Mobilization Process:

- |                       |                                    |  |  |
|-----------------------|------------------------------------|--|--|
| • Alert Notification  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Recruitment         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor            |

• Comments (Attach an additional page if necessary):

*News of the wildfire was spread by news stations. our department and others sent staff into advising we could help but received no reply for weeks.*

#### B. Assignment Support:

- |                          |                                    |  |                               |
|--------------------------|------------------------------------|--|-------------------------------|
| • Travel Arrangements    | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • EOC In-processing      | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • SOPs/Forms             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

*Very disorganized at first but changes were slowly made to improve - different methods of documenting animals*

#### C. Demobilization Process:

- |                                  |                                    |  |                               |
|----------------------------------|------------------------------------|--|-------------------------------|
| • EOC Out-processing             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Poor |
| • Post-Assignment Debriefing     | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Overall Experience             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

#### D. General Comments/Suggestions

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <u>Campfire</u>		2. Date/Time (Of Release Notification)	3. Arrival Date/Time <u>11-25-18 0800</u>
4. Name of Released <u>Heese Johnson</u>		5. Position of Released <u>Animal Care Technician</u>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <u>Personal Vehicle</u>			
7. Actual Release Date/Time <u>11-27-18 1800</u>		8. MRT # (RIMS Mission Tasking Number) <u>Camp Fire</u>	
9. Destination (Location Agreed Upon) <u>Butte</u>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction)			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
{ } Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks			
15. Prepared by (include Date and Time)			

## ACTIVITY LOG (ICS 214)

[illegible]